

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17880  
Registrar's No. 442

FILED JUN 14 1943

Registration District No.       

Primary Registration District No. 5466

1. PLACE OF DEATH: GREENE  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: Her Home Route #9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Some Time  
(Specify whether  
In this community Her Life Time  
years, months or days)

3. (a) PRINT FULL NAME Mrs. EMMA CLARA MCNEESE

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife        6. (c) Age of husband or wife if alive Dec. Years

7. Birth date of deceased December 25, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 5 5 hr. min.

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home and a Mother

11. Industry or business       

12. Name DeWitt Shockley

13. Birthplace Springfield, Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Clara Brown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Phillip Reitz

(b) Address Route #2 Strafford, Mo.

17. (a) Burial (b) Date thereof 6-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St. City

19. (a) June 1, 1943 (b) Dr W. H. Hunkley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #9  
(If rural, give location)  
(e) Citizen of foreign country? Yes No (Yes or No)  
If yes, name country       

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Thirthy  
year 1943 hour Eight minute P.M.

21. I hereby certify that I attended the deceased from Dec. 10 to May 30, 1943  
that I last saw h.        alive on       , 19        
and that death occurred on the date and hour stated above.

Immediate cause of death ultra Duration

Carcinoma uteris

Due to Inf.

Due to Total Blindness

Other conditions Pericarditis  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify)       

(b) Date of occurrence       

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work?        (Specify type of place) (e) Means of injury       

23. Signature D. F. Freeman (M. D. or other)

Address Springfield Mo Date signed 6/1/43

JUN 17 1943

JUN 22 1943

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

**Fred C. Thieme**

Licensed Embalmer No. **2899**

P. O. Address **Springfield, Missouri**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**